

changes in population and administrative geography, see chapters on Population and Geography.) These statistics are incomplete and cannot provide a satisfactory picture of health conditions before 1949 in the six Central-South provinces; however, they offer a background for an understanding of the efforts of the Nationalist Government in the field of public health.

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II. COMMUNIST OFFICIAL REPORTS

The initial task in health and sanitation work for the Communists in Central-South China, as in all the other regions, was first to restore the original public health agencies and, once they resumed operation, to reorganize and mold them to Communist needs and principles. Adhering to the directives of the Central People's Government in Peking, the regional government of Central-South China put chief emphasis upon epidemic prevention in its public health program.

On reporting to the Second Plenary Session of the Central-South China Military and Political Committee in September 1950, the chairman of Cultural and Educational Affairs of the region made it clear that these six provinces were plagued by a number of contagious diseases, the three most serious being malaria, schistosomiasis, and leprosy. He outlined the urgent need to establish centers for the manufacture of biologicals, to organize epidemic-prevention corps and agencies, to restore the inspection stations, and to act for the prevention of serious diseases. Many health organizations were

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not yet restored to operation at the time of the report; 744
the figures given for the then functioning county
public health agencies were: 71 in Hunan, 77 for
Kiangsi, 67 for Kwangsi, 75 for Kwangtung, 27 for
Hupeh, and none for Honan.⁵

Honan Province reported in 1950 the outbreak [64] •
in many counties of epidemics of measles, smallpox,
scarlet fever, and diphtheria. To combat this
situation, mobile medical corps were organized under
the provincial government and epidemic-prevention
teams were sent by the Central Government in
Peking as well as by the Central-South regional
administration. About 40,000 victims of epidemics
were reported and more than 30,000 were treated
during the epidemics in Honan.⁶ In individual reports
of the six provinces and the two municipalities of the
region submitted in 1950, all mentioned the large
number of vaccinations against smallpox and inocula-
tions against cholera, typhoid, and malaria.

When the Fourth Plenary Session of the Central-
South Military and Political Committee convened in
November 1951, marked achievements were reported
in public health and epidemic-prevention. In review-
ing the work of the preceding year it was stated that

5. Cheng-fu Kung-tso Pao-kao Hui-pien [A
Compendium of Government Work Reports], Peking
Jen-min chu-pan-she, 1951, p. 758-59.

6. Ibid., p. 833.

of modern obstetrics in 1951.¹²

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IV. MINORITY NATIONALITIES

Many groups of minority nationalities are found in Central-South China and Southwest China. The Chinese Communists, largely for propaganda purposes, are eager to show their goodwill to minority groups. Cultural advancement programs among these peoples are often publicized by the press and in government publications. By offering education and medical care to these groups, the Chinese Communist government may be able to exercise a strong control over areas in which minority nationalities predominate.¹³

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In August 1951, the Ministry of Health called the National Conference on Health of the Minority Nationalities. It was reported that the minority groups in both the Central-South and Southwest regions suffered from malaria, cerebrospinal meningitis, diphtheria, scarlet fever, typhoid, and recurrent fever. These contagious diseases took a heavy toll of lives and caused a serious loss of manpower. Puerperal and children's diseases also caused a high mortality rate among women and children. In the Central-South Region, the Ministry of Health, following the decisions

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12. Survey of China Mainland Press, Hong Kong, American Consulate General, No. 932, Nov. 20-22, 1954, Supplement, p. XIII.

13. Kung-fei K'ung-chih-hsia-ti Kuei-chou [Kweichow Under the Control of the Communists], The Sixth Section of the Central Committee of the Nationalist Party, 1955, p. 15.

workers were organized into 114 mobile teams; 22 per cent were doctors with Chinese medical training. Some 270,000 people received treatment, according to the same report, and 79 per cent of these treatments were administered without charge.²⁴ However, no attempt has been made to show what groups constituted the 21 per cent who had to pay for medical treatment during the disaster.

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VII. CONCLUSION

In Central-South China, infanticide still exists in certain areas. It is a serious matter and helps to suggest the complexity of the social problems and the uneven progress achieved in the different regions and communities in Communist China. In four counties of southeastern Kwangtung Province, 1,882 cases of infanticide were reported in 1950-51.²⁵ According to the record of two orphanages in Chanchiang (Kwangchowan), 14,193 female foundlings were taken in during the period 1935-1951.²⁶ The Communists blamed the situation on existing social patterns of inequality between the sexes, superstition, the decadent feudal system, and "feudalistic ideas" on marriage.

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Although schistosoma japonicum is most serious in East China, the Central-South Region is also effected by this peculiar disease, particularly in the area along the Yangtze River in Hupeh Province. The Communists have attempted to fight schistosomiasis, but a cure has not yet been found.

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24. Ibid.

25. Yangtze Daily, Aug. 6, 1952, p. 3.

26. South China Daily, Aug. 28, 1952, p. 3.